P.O. Box 1450

Alexandria, VA 22313-1450

Attorney Docket No.:	OGA3003D/REF		
First Named Inventor:	Ogasawara et al.		
Total Pages:	38		

This requests a ☐ Continuation or ☒ Divisional application under 37 CFR 1.53(b) of prior application:										
	Appl. No.: 10/292,59		10/292,595	Group Art Unit:	1775					
	Filed on: November 13, 2002			Examiner:	S. Stein					
		Entitled:								
Ø	1.	The entire disclosure of the pending, prior application is hereby incorporated by reference.								
⊠ ;	2.	Submitted herewith is a copy of the complete prior application as filed.								
	3.	<ol> <li>This application is filed by fewer than all the inventors named in the prior nonprovisional application,</li> <li>CFR 1.53(b)(1). DELETE the following inventor(s):</li> </ol>								
	4.	Submitted herewith is a copy of the signed Oath/Declaration from the prior application.								
	5.	5. Small entity status is claimed.								
	6.	A month Petition for Extension of Time is filed concurrently in the prior application.								
Ø	7.	The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 02-0200.								
×	8.	3. A check in the amount of \$770.00 is submitted herewith.								
	9.	Insert before the first sentence of the specification: This application is a □ Continuation □ Division of nonprovisional application serial number filed								
	10.	<ol> <li>Cancel in this application original claims <u>1-6</u> of the prior application before calculating the filing fee.     At least one independent claim is retained.</li> </ol>								
Ø	11.	The prior	application is assigned of record to:	TAIYO YUDEN CO	., LTD					
Ø	12.	Priority is claimed based on each foreign application so listed in the Oath/Declaration and a certified copy of each was filed in U.S. application number 10/292,595 filed November 13, 2002.								
Ø	13.	3. A Preliminary Amendment is enclosed.								
⊠	14.	Submitted herewith is an Application Data Sheet.								
۱_	45	Other								

THE FILI	Basic Fee:	\$770.00				
	Fotal Claims:	4	- 20 =	0	X \$18 =	0.00
Indepen	1	- 3 =	0	X \$43 =	0.00	
23364				Multiple Dependent Claim (\$290.00):		
Customer Number				Subtotal:		770.00
				50% Reduction if Small Entity Status:		
Phone: 703-683-0500 Fax: 703-683-1080		Total:		770.00		
Date:		Name:		Signature:		Reg. No.
April 20, 2004	Richard E. Fichter		Prichage Fidela		26,382	